

□Yes

Residential Sales Verification

MONTANA Form AB60R Rev. 4-02

Geocode Assessor Code Property Address Legal Description Sale Month/Year _ Nbhd - Code _

Return to:

The Department of Revenue shares Montana taxpayers' concerns about fair and equitable valuation of all property statewide. An important component of determining accurate market values is an analysis of property sales. This practice is consistent with the same technique used by fee appraisers.

We want to ensure that our information about the property sale referenced above is correct. Please assist us by completing this questionnaire and returning it to us within ten (10) days using the envelope provided. This information will be considered

confidential. An appraiser from our office will visit your property to verify property record data and sales information. If you have any questions, please call your local Department of Revenue office at (406)______. Questionnaire **Description of the Sale** ___ Date of Sale _____ Cash Down Payment \$__ 1. Total Sale Price \$ Note: This question is to help determine if the financing method affected the sale price and to confirm the sale price reported on the Realty Transfer Certificate. Financing: Amount \$ Interest Rate Term Interest Rate Amount \$ Term Points Paid by Seller___ Other (Describe) __ Source of Financing ☐ Assumable Loan ☐ VA or FHA Loan ☐Conventional Loan ☐ Contract for Deed ☐ SBA Loan Did your financing arrangements influence the actual selling of this property? □Yes □No (e.g. points or closing costs paid by seller, large down payment on contract for deed) lf yes, please explain_ □No Was the property advertised as being for sale? \square Yes Was a trade of property involved in this sale? □Yes ☐ No If Yes, please explain:_ Estimated Value \$____ □Yes □No Was this sale between relatives? Yes □No □No Was this sale between business partners? □Yes Was this sale between related businesses? If yes, please explain ___ Was the seller forced to sell this property? □Yes □No Was the buyer forced to buy this property? □Yes □No If yes, please explain _ 2. Describe any personal property items included in the total sales price and give an estimate of their value (e.g. appliances, stoves, refrigerators, satellite dishes, hot tubs, fixtures, etc.) Description Estimated Value \$ 3. If any unpaid taxes or assessments were assumed by the buyer please identify them. Indicate the amounts involved and indicate whether they are included in the total sale price or are excluded. Description Amount \$ Excluded Included 4. What was sold or purchased? □Land Only □Land and Buildings □Mobile Home □Buildings Only _ Model __ __ Year___ If Mobile Home: Make_ __ Size_ Title # Serial # Please list the following: Year Built □ Public Sewer □ Public Water Land Improvements: ☐ Septic □ Electricity ₩ell □Gas

5. Have any changes (e.g. additions, remodeling, new structures, damage) been made to the property since the sale?

☐ No If yes, please indicate the changes_

Residential Sales Verification (cont.)

Interior Information
In order to ensure the accuracy of the information we have about your property, please complete this form to the best of your ability. If you need clarifications or explanations about this form, please call your local Department of Revenue office at (406) _______.

If your purchase included a residence or other structure, please provide the following information:

Room identification: Please list the number of finished rooms on each level.

Basement 1st Story Half-Story 2nd Story Attic

ii your purchase iliciuded a reside	TIOE OF OUTER 3	ii uutui e, pieat	se provide tile it		audii.
Room identification: Please list the	e number of finis	shed rooms on	each level.		
Living Rooms Dining Rooms Family/Den/Rec Rooms Number of Bedrooms * Number of Full and ¾ Baths Number of Half Baths ** Kitchens	Basement	1st Story	Half-Story	2nd Story	Attic
Laundry Hookups * A bedroom is a room with a closet ** A half bath has only a toilet and si			set).		
Finished basement area as a perce	ent of total base	ment area	%		
Finished attic as a percent of total a	attic area	%			
Heating/Cooling System: Heating Type:	Gas ☐ Electric ☐ Other (specify) Forced Air Electric Baseboard Heat Pump Hot Water Heat Floor/Wall Heater Gravity Hot Air Other (specify) Central Air ☐ Window Air or Swamp ☐ Wall Unit				
Cooling Type:		ai Air 🗀 vv	indow Air or Swa	ımp 🗀 vvali Oi	HIL
Fireplaces: (number of chimneys / o	Masonry Metal Prefab o				
Built-in Appliances/ Misc. Features ☐ Dishwasher ☐ Trash Compactor ☐ Countertop Range ☐ Built-in Oven ☐ Refrigerator ☐ Microwave ☐ Other (specify)	☐ Wet B☐ Centra☐ Hot Tu☐ Garba☐ Oven/I☐ Autom	ar al Vacuum ıb ge Disposal (n Range Combo atic Garage Do	ot floor model) (drop-in type) oor Openers: # _	I Intercom I Security Systen I Spa Bathtub	า
Other Improvements: Shed: Metal Enclosed Porch Attached Garage Detached Garage Deck: Covered Enclosed Covered Enclosed Swimming Pool Type of Construction Barn Solarium	☐ Open	□ Concrete	e □ Gunite	□ Fibergla:	ss □ Other
This property <u>was</u> advertised for s ☐ Listed With a Realtor ☐ For Sale by Owner ☐ Other				Private Offer Other	
If this property was rented, what w	as the monthl	y rent?		<u></u>	
This questionnaire was complet Daytime Phone No.:			(Please Print)		
Signature			,	ate	
Name of Person Contacted			e Use Only	Da	ate
Person Contacted by What Mea Signature of Verifier					ate
Determination of Sale □Valid	□Invalid Giv				